



Iowa Department of Human Services  
**Regional Incentive Fund Application**  
State Fiscal Years 2022 / 2023

Mental Health and Disability Services Region:	Applicant Point of Contact (Name/Email/Telephone):
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**Application Requirements:**

Applications shall be:

1. Completed in full with one answer per box and include all required supporting documentation.
2. Supporting documentation shall include evidence to demonstrate compliance with 441-25.22(2).
3. Delivered by mail, electronically, or in person by 4:30 pm November 15 to:
  - a) Department of Human Services  
Mental Health and Disability Services Division  
Hoover State Office Building  
1305 E. Walnut Street 5th Floor, Des Moines, IA 50319
  - b) PDF document by email to DHS Community Systems Consultants.
4. Signed by the chairperson of the mental health and disability services region governing board and regional CEO.

**Complete one or more sections below to substantiate a Region's request for Incentive Funds. Enter N/A in a box if the section's circumstances do not apply.**

<b>Evidence of Operating Deficit</b>
Describe anticipated reductions in available funding for core services as the result of reduction/elimination of the property tax levy? Attach any supporting documentation.
Amount of incentive funds requested to reimburse operating deficit?
Outline how Incentive Funds would be used to fund core service costs that are necessary, reasonable, and allowable within the regional service system management plan. Attach any supporting documentation.
<b>Funding for Non-Core</b>
Describe how access to Incentive Funds will maintain individuals in a community setting or reduce the risk that individuals needing services and supports would be placed in more restrictive, higher-cost settings.

Outline amount of incentive funds requested for support of non-core services. Attach any supporting documentation.
If awarded, explain how the Region plans to maintain supported non-core services after Incentive Funds are expended.

**Application conditions and review procedures:**

- Financial statement of actual revenues, actual expenditures, and ending fund balance will be calculated using a Region's annual reports as submitted to the Department per 441—25.20.
- The department shall make its final decisions for incentive funds on or before December 15.
- A written notice regarding acceptance or rejection of an application, and the total amount obligated shall be furnished to the mental health and disability services region.
- The department shall distribute incentive funds payable to the mental health and disability services regions for the amounts due on or before January 1.

**Signature:**

I certify that to the best of my knowledge that the information in this application for Regional Incentive Funds is accurate and complete.

<b>Chairperson(s), Mental Health and Disability Services Region Governing Board</b>	<b>Date</b>
<b>Regional Chief Executive Officer</b>	<b>Date</b>